DOCUMENT RESUME

ED 411 482 CG 027 990

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TITLE Age and Gender Trends in Adults' Normative Moral Reasoning.
PUB DATE 1997-03-00
NOTE 42p.; Paper presented at the Annual Meeting of the American Educational Research Association (Chicago, IL, March 24-28, 1997).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adults; Affective Behavior; *Age Differences; Attitudes; *Moral Issues; *Moral Values; Prosocial Behavior; School Psychologists; *Sex Differences; Teacher Behavior; *Trend Analysis; Values
IDENTIFIERS *Moral Reasoning; Normative Statements

ABSTRACT

The construct of moral reasoning may be conceived of as having a dualistic nature, with moral decision-making termed either empirical morality or normative morality. Although it has been tacitly assumed that normative moral values can be inferred from empirical morality methods of investigation, there exists data to suggest that this may not be the case. To investigate this claim, the components of adults' normative moral reasoning and rationales for moral choices were examined. Participants included 20 younger adults (age 20-29), 19 middle-aged adults (age 30-49), and 15 older adults (age 50-80). All of the subjects stated definitions and reasons for being a good/bad person and taking/avoiding good/bad actions. Persons were judged primarily by justice and secondarily by care concerns. Results indicate that the concept of normative morality is complex, consisting not just of global, undifferentiated care and justice concerns, but rather encompassing a variety of independent component care, justice, and other concerns. Age strongly moderated responses, with younger adults identifying kindness to others and upholding societal standards, middle-aged adults identifying preventing harm to others and upholding societal standards, and older adults identifying duty to others and promotion of self-growth as important normative moral principles. Gender proved to be a weak moderator of adults' normative moral reasoning. (RJM)

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Age and Gender Trends in Adults' Normative Moral Reasoning

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Paper presented at the Annual Meeting of the American Educational Research Association, Chicago, Illinois, March 1997.

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Age and Gender Trends in Adults' Normative Moral Reasoning

The construct of moral reasoning may be conceived of as having a dualistic nature. On the one hand, moral decisions can be made about what is morally good or bad about persons and/or actions within a given situational context. This type of moral reasoning has been termed empirical morality, and presumes that moral decision-making will be predicated on the consideration of a myriad of concrete particulars about persons, time, and place, both singly and in combination with each other (Huebner & Garrod, 1991). Alternatively, moral decisions can be made about what ought to constitute ideal guiding principles of good and bad, regardless of the particular situational demands imposed by persons, time, or place. This latter type of morality has been termed normative morality (Huebner & Garrod, 1991). Normative morality is closest to Kant's conception of universal laws, the ten commandments of the Judeo-Christian ethical tradition, or the ten grave precepts of the Buddhist ethical code, all of which represent generalized moral principles that are presumed to constitute right moral action regardless of situational particulars.

To date, most studies of moral reasoning have used an empirical morality investigative paradigm. Situational contexts for moral decision-making have either been supplied by research investigators (c.f. Kohlberg, 1981), or have been elicited from study informants (c.f. Gilligan, 1982/1993), with study participants being asked in each case to state what they believe

to be the morally right course of action for persons to take within given specific situational contexts. These empirical moral judgments have then been used to infer the normative moral principles that presumably guided decision-making within the empirical moral dilemma. While it has been tacitly assumed that normative moral values can be inferred and abstracted from data collected through empirical morality methods of investigation, there exists data to suggest that this may not be the case. This is particularly evident when examining how justice and care concerns, two factors that constitute core components of Western models of moral reasoning, contribute to moral decision-making.

Before examining the differences between the use of justice and care concerns in empirical and normative moral reasoning, it is useful to provide definitions of justice and care, as well as to identify some demographic variables that have been found to moderate their usage in important ways. Issues of justice typically involve persons' ideas about what constitutes moral reciprocity, as well as their orientations towards rules, rights, obligations, duties, fairness, and/or maintenance of contracts (Colby & Kohlberg, 1984). Alternatively, issues of care entail persons' commitments towards maintaining connectedness and attachment between humans, and attending to human needs (Gilligan & Attanucci, 1988).

Regarding moderator variables, studies of empirical moral reasoning have found age and gender to strongly influence the ways in which justice and care considerations are used to make

moral decisions. Age, for instance, appears to moderate the use of justice and care concerns in several ways. Adults have been found to activate justice concerns less frequently in moral reasoning with advancing age (Hunter & Pratt, 1988; Murphy & Gilligan, 1980; Rybash, Roodin, & Hoyer, 1983), and to be more authoritarian and less equalitarian in their representations of justice as they grow older (Peatling, 1977a, 1977b). Children have been found to use care issues to define moral actions more frequently with increasing age up through age twelve (Hill & Hill, 1977).

Gender has influenced the use of justice and care concerns in empirical moral reasoning in complex ways. Some studies have found that males and females were equally likely to use justice considerations (Bebeau & Brabeck, 1987; Dickey, Kroll, & Jenkins, 1987; Kalkoske, 1993; Liddell, Halpin, & Halpin, 1993; Makler, 1993; Menutti & Creamer, 1991), care considerations (Bebeau & Brabeck, 1987; Menutti & Creamer, 1991), or a joint justice/care orientation when engaged in moral reasoning (Gilligan & Attanucci, 1988). Other investigations have found that females were most concerned with issues of care, in that they either incorporated care concerns to a greater extent when making moral judgments than did males (Dickey, Kroll, & Jenkins, 1987; Gilligan & Attanucci, 1988; Kalkoske, 1993; Liddell, Halpin, & Halpin, 1993), or that they used an ethic of care to a greater degree than they did an ethic of justice (Dickey, Kroll, & Jenkins, 1987; Gilligan & Attanucci, 1988). Still other studies

have found that males were most concerned with justice issues, with males either incorporating justice concerns to a greater degree than did females (Gilligan & Attanucci, 1988), or males using an ethic of justice to a greater degree than they did an ethic of care (Gilligan & Attanucci, 1988; Liddell, Halpin, & Halpin, 1993). Finally, one study found that males and females both used an ethic of care to a greater degree than they did an ethic of justice (Kalkoske, 1993).

However, when one looks at the influence of age and gender on the use of justice and care issues in studies of normative moral reasoning, somewhat different patterns emerge. First, it should be noted that only two studies of normative reasoning could be located that examine how justice and care concerns contribute to moral reasoning. The first of these, conducted by Hill and Hill (1977) asked children aged 6-12, "What does it mean to be good? What does it mean to be bad?" (Hill & Hill, 1977, p. 956). Results indicated that 67% of younger children (mean age 8 years, 1 month) defined good as the absence of undesirable or "bad" behavior, with the remainder defining good as demonstrating a concern for the welfare and feelings of others. This was in stark contrast to the older children (mean age 11 years, 8 months), where 93% defined good as being concerned for the welfare and feelings of others. Results followed a similar pattern for definitions of "bad", in which 33% of the younger children and 80% of the older children defined bad as impairing the welfare or feelings of others (Hill & Hill, 1977, p.956).

This normative definition of good and bad comes closest to Gilligan's ethic of care, which she concluded was more characteristic of females' than males' moral reasoning (Gilligan, 1982/1993). In the Hill and Hill study, however, the ethic of care appears to be more age- than gender-related, being more developed in older children of both sexes, not just females. Furthermore, no justice concerns appeared to emerge (or possibly, were noted) for the children in this sample. These obtained patterns of justice and care issue usage do not seem to parallel those obtained for subjects in the empirical morality studies, possibly because a majority of studies cited in the empirical morality review used adolescent or adult subjects.

The second study, carried out by Flynn, Whelan, and Speake (1985), conceptually replicated the Hill and Hill study using adult subjects, but with a "mentally-handicapped" population. Within this population, not only did few adults describe "good" (8%) and "bad" (3%) as negations of each other, but they also provided a number of additional categories of response that extended the work of Hill and Hill in some unexpected ways. For the question, "What does it mean to be good?", 19% considered the welfare and/or feelings of others (i.e., Gilligan's definition of caring), 29% gave what the authors term a consequence-oriented or synonym definition (e.g., "You do favors for people, they do favors for you"; Flynn et al., 1985, p.57), and 21% cited what the authors term "implausible" definitions, i.e., definitions which seem to represent forms of compliant behavior or person

characteristics ("Good is watching television quietly", Flynn et al., 1985, p.57). Given the question, "What does it mean to be bad?", 4% spoke about not considering the welfare and/or feelings of others (i.e., caring), 55% gave consequence-oriented or synonym definitions (Bad is being naughty", "Bad is sin", Flynn et al., 1985, p.57), and 20% gave "implausible" definitions ("Bad is not being clever", Flynn et al., 1985, p.57). This study suggests that mentally handicapped adults who respond to issues of normative moral reasoning do not respond like young children engaged in the normative reasoning process. However, like the children studied by Hill and Hill, the adults in this study appeared to use care issues to guide their normative moral reasoning, not justice issues. As in the Hill and Hill study, this was true for handicapped adults of both sexes. Furthermore, this study strongly suggests that there may be a variety of responses that fall into categories other than justice or care (e.g., the "implausible" category) that warrant further investigation, and which may be integral to understanding normative as opposed to empirical moral reasoning. However, these suggestions are very tentative, as the sample studied did not include any "normal" (i.e., non-mentally-handicapped) adults.

Only a single study could be located that examined issues of normative moral reasoning in non-handicapped adults. This study, conducted by Huebner and Garrod (1991), studied adults from a non-Western culture. A striking finding from this study is that as in the Flynn et al. study, the Huebner & Garrod results

suggest the need to examine additional classificatory categories other than justice and care concerns to understand the underlying components that contribute to adults' normative conceptions of morality. In Huebner and Garrod's study, Tibetan Buddhist monks were interviewed about their normative conceptions of good and bad. When asked to describe the notion of good, the monks cited the need to help all human and non-human sentient beings to transcend suffering, a goal which is achieved by helping persons to eliminate their attachment to material goods, persons, and emotional states. If this idea could be described as a type of caring, it is certainly one that diverges sharply from Gilligan's definition of the term. The notion of bad was described by the monks to be ignorance of the right course of action. Clearly, Tibetan Buddhist conceptions of good and evil fail to be encompassed by Western notions of justice or care concerns.

At this point in the discussion, some general observations about the study of normative moral reasoning may be offered. First, the literature in this area is sparse. This makes it impossible to draw any firm conclusions about the relative contributions of justice and care issues to normative moral reasoning, let alone being able to assess the moderating effects of age and gender factors with any degree of confidence. Second, it seems evident that other factors in addition to justice and care concerns may contribute significantly to the process of moral reasoning about normative issues. Third, it is interesting to note that both the empirical morality and the

normative morality studies conducted to date concentrate on the question of what constitutes the defining characteristics of good and bad moral actions, as opposed to the issue of what constitutes the defining characteristics of good and bad persons, making it unclear whether the same criteria are used to judge actions as moral or immoral as are used to judge persons. Fourth, although the types of rationales that are employed to justify choices within the area of empirical moral reasoning are well-documented and indeed, form the basis of prominent stage models of empirical moral reasoning, we do not have comparable rationale information for explaining why actions or persons are judged to be moral or immoral in the normative morality sphere, although this would be of immense value. Finally, in both empirical and normative moral reasoning, justice and care concerns have been studied almost exclusively as unified constructs, although in 1983, Lyons demonstrated that both justice and care could be usefully divided into a number of component types that form orthogonal, mutually-exclusive categories.

The present investigation was designed to address each of the foregoing concerns by setting four research goals: (a) to identify the component constructs of justice and care that are used by adults when engaging in normative moral reasoning (b) to assess the frequency of use of these various component constructs by adults when engaging in normative moral reasoning (c) to assess how age in adulthood moderates the type and/or frequency

of usage of these various component constructs when engaging in normative moral reasoning and (d) to assess how gender moderates the type and/or frequency of adults' usage of the various component constructs of normative moral reasoning when defining good and bad persons and actions, and when explicating rationales for these moral choices.

Methods

Subjects.

Twenty younger adults (aged 20-29, 9 males and 11 females), 19 middle-aged adults (aged 30-49, 10 males and 9 females) and 15 older adults (aged 50-80, 9 males and 6 females) volunteered to serve as study informants. Of these 54 informants, 51 were native-born American citizens, and 3 were born and raised in countries other than the United States; 49 were Caucasian, 4 were African-American, and 1 was Pakistani. Thirty of these informants (55%) were trainees or employees in the helping professions of either teaching or school psychology, while the remaining twenty-four (45%) were employed in various types of non-helping professions or were retired from the workforce.

Materials.

Informants were asked to respond orally to an eight-item, verbally-administered, open-ended questionnaire which presented person characteristic questions, action characteristic questions, and rationale questions for person and action judgments. Questionnaire items were as follows:

1. What does it mean to be a good person?
2. Why is it important to be a good person?
3. What does it mean to be a bad person?
4. Why is it important not to be a bad person?
5. What are some good, moral actions that a person could or should take?
6. Why is it important to take good moral actions?
7. What are some bad, immoral actions that a person could or should avoid taking?
8. Why is it important to avoid taking bad moral actions?

Procedure.

Informants were individually administered the eight-item, orally-presented questionnaire by the first and fourth authors, with informant responses being audiotaped. Interviews lasted from 5-45 minutes, with the typical interview lasting between 10-20 minutes. Following the interview, informants were debriefed regarding the hypotheses of the study.

Results

Data were analyzed using Lyons' 1983 coding scheme, which included six component care categories and five component justice categories. As informant protocol analysis progressed, it became necessary to add eight additional component categories to the original coding scheme (listed as "Other Issues") in order to fully describe data obtained from the informant sample (see Appendix 1). Responses were assigned to categories and new response categories generated through a consensus model that

involved discussion and consensual agreement between the first, second, and third authors.

Since the integrity of each question needed to be preserved and informants gave varying numbers of multiple responses to multiple categories for each question, data were analyzed by recording frequencies of categorical responses as percentages for the overall sample, by age, and by gender. Had subjects been forced into giving a single response for each category, the data could have been analyzed by parametric or non-parametric statistical techniques. While this data-gathering format could have yielded standardized confidence estimates in judging the significance of the magnitude of differences between informants on the various categories for the various questions, it would have defeated a primary purpose of this exploratory research investigation, i.e., to detect the full variety and patterns of component category responses that constitute adult normative moral reasoning. Therefore, given the goals of the present study, category endorsement frequencies or magnitudes of difference between category endorsement frequencies that reach or exceed 10% will be reported, but without accompanying levels of statistical significance. Results are discussed for the overall sample, by age, and by gender (see Tables 1-8).

Insert Tables 1-8 about here

Overall Sample.

In reasoning about the morality of person characteristics, care-oriented characteristics of good persons included doing generalized acts of kindness for others (C1=29%) and preventing physical and psychological harm from occurring to others (C3=16%). Justice-oriented characteristics of good persons included adhering to self or societally-chosen standards and/or rules of fair play (J3=19%). Care-oriented characteristics of bad persons included inflicting physical or psychological harm on others (C3=28%) and looking out only for one's own selfish interests (C5=13%). Justice-oriented characteristics of bad persons involved not adhering to the self's or society's standards and/or rules of fair play (J3=19%).

In the realm of actions, care-oriented characteristics of good moral actions consisted of promoting generalized acts of kindness towards others (C1=13%) and preventing physical or psychological harm from occurring to others (C3=15%). Justice-oriented characteristics of good moral actions included issues of fulfilling one's obligations, duties and commitments (J2=25%), and adhering to one's own or society's standards and rules of fair play (J3=16%). Bad moral actions consisted of the care-oriented characteristics of choosing to inflict physical or psychological harm on others (C3=29%), and the justice-oriented characteristics of failing to fulfill one's obligations, duties, or commitments (J2=11%) and failing to adhere to one's own or society's standards and rules of fair play (J3=38%).

For person rationales, care-oriented reasons for being a good person emphasized the merits of engaging in generalized acts of kindness to others (C1=19%). Justice-oriented reasons cited the advantages of fulfilling one's obligations, duties and commitments (J2=22%). Non-care/non-justice-oriented reasons emphasized the benefits that accrued from enhancing one's own self-fulfillment and self-growth (Se=19%). Care-oriented reasons to avoid being a bad person emphasized the problems that emanated from causing physical or psychological harm to others (C3=16%) and looking out for others' interests beside one's own (C5=13%). Justice-oriented reasons to avoid being a bad person cited problems arising from failing to fulfill one's obligations, duties and commitments (J2=11%) and failing to adhere to society's standards and/or rules of fair play (J3=10%). Non-care/non-justice-oriented reasons to avoid being a bad person pointed out the impairment that could occur in one's own self-fulfillment and self-growth (Se=25%).

Regarding action rationales, reasons for engaging in good moral actions included the benefits accruing from the justice-oriented concern of fulfilling one's obligations, duties and commitments (J2=17%) and the non-care/non-justice-oriented benefit of enhancing one's own self-fulfillment and self-growth through good moral action (Se=20%). Reasons to avoid carrying out immoral actions included the care-oriented concerns of the disadvantages of inflicting physical or psychological harm on others (C3=11%) and looking out only for one's own interests

(C5=11%), the justice-oriented concerns of problems emanating from failing to fulfill one's obligations, duties and commitments (J2=16%) and failing to adhere to society's standards and/or rules of fair play (J3=16%), and the non-care/non-justice-oriented concern of impairing one's own self-fulfillment and self-growth through engaging in bad moral action (Se=15%).

Age.

Looking first at care issues, it may be seen that for the C1 category (generalized kindness and respect directed towards others) that younger adults cited this response more frequently than did middle-aged adults when defining a good person (13% difference) and when defining good moral actions (10% difference), and when stating their rationales for being a good person (12% difference). Younger adults gave more C1 responses than older adults when defining a good person (16% difference).

Within the C2 category (maintaining or restoring interpersonal relationships), younger adults cited more C2 responses than older adults when stating their rationale for being a good person (10% difference). Middle-aged adults cited more C2 responses than older adults when stating their rationales for being a good person (13% difference).

Regarding the C3 category (preventing physical or psychological harm to others), middle-aged adults gave more C3 responses than younger adults when stating their rationales for not engaging in immoral actions (16% difference), and more C3 responses than older adults when stating their rationales for not

being a bad person (14% difference), and for not engaging in immoral actions (12% difference). Older adults cited more C3 responses than younger adults when stating their rationale for being a good person (11% difference).

The C4 category, consideration of the specific situation over the general principle, yielded no differences of a $\geq$ 10% difference magnitude between age groups.

The C5 category (taking care of one's own needs) found older adults citing more C5 responses than younger adults when stating their rationale for being a good person (13% difference).

Within the C6 category (balancing the need to care for oneself with the need to care for others), no differences of a $\geq$ 10% difference magnitude between age groups were obtained.

In analyzing age differences for the justice categories, it may be seen that for the J1 category (general effects to the self), no differences of a $\geq$ 10% difference magnitude between age groups were obtained.

For the J2 category (fulfilling obligations, duties, or commitments), middle-aged adults gave more J2 responses than younger adults when stating their rationale for being a good person (11%), and when stating their rationale for engaging in good moral actions (16% difference). Older adults cited more J2 responses than younger adults when defining a good person (13% difference), when defining good (10% difference) and immoral (20% difference) actions, and when citing their rationales for being a good person (16% difference), engaging in good moral actions (16%

difference), and not engaging in immoral actions (18% difference). Older adults gave more J2 responses than middle-aged adults when defining immoral actions (19% difference), and for not engaging in immoral actions (25% difference).

Analysis of the J3 category (upholding standards, rules, or principles for oneself or society or consideration of fairness) revealed that younger adults cited this response more frequently than middle-aged adults when stating rationales for not engaging in immoral actions (22% difference). Younger adults cited the J3 response more frequently than older adults when stating the rationale for not being a bad person (13% difference), engaging in good moral actions (10% difference), and not engaging in immoral actions (25% difference). Middle-aged adults cited this response more frequently than younger adults when defining a good person (12% difference), and defining a bad person (11% difference), and more frequently than older adults when defining immoral actions (15% difference). Older adults gave this response more frequently than younger adults when defining good moral actions (16% difference), and more frequently than middle-aged adults when defining good moral actions (10% difference).

In the J4 (considering the general principle over the specific situation) and J5 (considering that others have their own contexts, or guiding frames of reference that may differ from one's own) categories, no differences of a $\geq$ 10% difference magnitude between age groups were obtained.

Turning to an examination of issues other than care and

justice, it may be seen that in the Se category (promoting one's personal growth and development of the self), older adults cited the Se response more frequently than younger adults when stating their rationales for not being a bad person (30% difference), and for engaging in good moral actions (18% difference). Older adults gave more Se responses than middle-aged adults when defining a bad person (11% difference), and when stating their rationales for not being a bad person (32% difference), and for engaging in good moral actions (27% difference).

Regarding the Sp (spiritual and/or religious issues), O3 (personal growth experienced through promoting the development of another), O4 (congruency/incongruence of motives and actions, i.e., matching one's inner emotional and motivational states with one's actions, general type), O4A (interpersonal incongruence/incongruence of motives and actions), O4B (intrapersonal incongruence/incongruence of motives and actions), and O5 (promoting the development of another person without this action resulting in increased self-development) categories, no differences of a $\geq$ 10% difference magnitude between age groups were obtained.

Lastly, in the O6 category (having reasonable foreknowledge of the outcomes of one's actions and/or the carrying forward of one's actions in time), younger adults cited this response more frequently than older adults when stating their rationale for engaging in good moral actions (11% difference).

Gender.

Regarding care issues, in the C1 category (generalized kindness or respect directed towards others), females cited this response more frequently than males when stating their rationale for being a good person (14% difference).

For the C2 category (maintaining or restoring interpersonal relationships), no differences of a $\geq$ 10% difference magnitude between genders were obtained.

Within the C3 category (preventing physical or psychological harm to others), males cited this response more frequently than females when stating their rationale for not engaging in immoral actions (11% difference).

The C4 category, consideration of the specific situation over the general principle, yielded no differences of a $\geq$ 10% difference magnitude between genders.

For the C5 category (taking care of one's own needs), males cited this response more frequently than females when stating their rationale for not engaging in immoral actions (11% difference).

Regarding the C6 category, (balancing the need to care for oneself with the need to care for others), no differences of a $\geq$ 10% difference magnitude between genders were obtained.

Referring to justice issues, the J1 (general effects to the self) and J2 (fulfilling obligations, duties, or commitments) categories revealed no differences of a $\geq$ 10% difference magnitude between genders.

Within the J3 category (upholding standards, rules, or principles for oneself or society or consideration of fairness) females cited this response more frequently than males when defining a bad person (10% difference), and in stating their rationale for not engaging in immoral actions (17% difference).

For the J4 (consideration of the general principle over the situation) and J5 (consideration that others have their own contexts, or frames of reference) categories, there were no differences of a $\geq$ 10% magnitude between genders.

In addressing issues other than those of care and justice, males cited the Se category (promoting one's personal growth and development of the self) more frequently than females when stating their rationale for not being a bad person (11% difference). Females cited the Se response more frequently than males when stating their rationale for taking good moral actions (10% difference), and when stating their rationale for not taking immoral actions (12% difference).

For the Sp (spiritual and/or religious issues), O3 (personal growth experienced through development of another), O4 (congruence/incongruence of motives and actions), O4A (interpersonal incongruence/incongruence of motives and actions), O4B (intrapersonal incongruence/incongruence of motives and actions), O5 (development of another person without resulting self-development), and O6 (having reasonable foreknowledge of the outcomes of one's actions and the carrying forward of one's actions in time) categories, no differences of $\geq$ 10% between

genders were obtained.

Discussion

In addressing the first and second goals of this study, it is interesting to note that adults used all nineteen of the delineated component categories of response with some non-zero frequency when describing normative morality. This suggests that for adults, the concept of normative morality is complex and multidimensional, consisting not just of global, undifferentiated care and justice concerns, but rather consisting of a variety of independent component care, justice, and other concerns. However, it is also clear that only seven response categories were used with any significant degree of frequency. These include four of the six component care categories (C1, general kindness to others; C2, maintaining or restoring interpersonal relationships; C3, preventing the occurrence of physical or psychological harm to others, and C5, taking care of the self/selfishly taking care only of one's own needs), two of the five component justice categories (J2, upholding duties, obligations, and commitments; and J3, adhering to standards, rules, or principles for the self or society or to consideration of fairness), and one of the eight component other categories (Se, promotion of one's personal growth and self-development).

When identifying the component categories of care and justice that are most frequently utilized by adults when describing person and action definitions and person and action rationales in normative ways, some clearly discernable patterns

emerge. In person definitions, people are judged to be good or bad primarily on the basis of care issues (45% care category responses cited for defining good persons and 41% care category responses cited for defining bad persons), and secondarily on the basis of justice issues (19% justice category responses cited for defining good persons and 23% justice category responses cited for defining bad persons). This pattern reverses, however when defining good and bad actions, in that actions are evaluated primarily on the basis of justice issues (41% justice category responses cited for defining good actions and 49% justice category responses cited for defining bad actions), and secondarily on the basis of care issues (28% care category responses for defining good actions and 29% care category responses for defining bad actions). Non-care/non-justice issues did not form an important component of either person or action definitions of normative morality.

Obtained patterns related to person and action rationales, however, differ strongly from those related to person and action characteristics. Whereas person characteristics are judged primarily on care concerns and secondarily on justice concerns with non-care/non-justice concerns being unimportant, person rationales incorporate relatively equal frequencies of care, justice, and non-care/non-justice concerns. Regarding rationales for being a good person, the frequencies of occurrence of care, justice, and non-care/non-justice issues are respectively 19%, 22%, and 19%. Similarly, person rationales for avoidance of

being a bad person also find care (29%), justice (21%), and non-care/non-justice issues (25%) all playing equally important roles.

Similarly, although action characteristics were seen to be judged primarily on the basis of justice concerns and secondarily on the basis of care concerns with non-care/non-justice concerns being unimportant, patterns of category endorsement for rationales for engaging in good or bad actions took quite a different form. Reasons for engaging in good moral actions did not include any care categories at a $\geq$ 10% endorsement rate, but did include relatively equal frequencies of justice (17%) and non-care/non-justice categories (20%). Rationales for not engaging in bad moral actions included care (22%), justice (32%), and non-care/non-justice (15%) issues, suggesting that all three factors play important roles, albeit not equally important ones. It therefore seems clear from the obtained data that different patterns of justice, care, and non-care/non-justice concerns are used to differentiate person from action characteristics, person from action rationales, person characteristics from person rationales, and action characteristic from action rationales. It should be noted that these results differ from the Hill & Hill, Flynn et al., and Huebner & Garrod study results. This is most likely attributable to the fact that the present investigation used a subject sample that differed in age, intellectual ability, and/or culture from the other three studies, as well as using different categories of response analysis.

The third goal of this study was to examine the moderating effects of age on adults' normative conceptions of morality. Seven categories demonstrated at least a 10% or greater difference between persons of different ages: C1, general kindness to others; C2, maintaining or restoring interpersonal relationships; C3, preventing the occurrence of physical or psychological harm to others and care of the self, and C5, taking care only of one's own needs, J2, upholding duties, obligations, and commitments; J3, adhering to standards, rules, or principles for the self or society or to consideration of fairness, and Se, promotion of one's personal growth and self-development. Age proved to be a fairly robust moderator variable, in that of the 56 possible cells of difference (i.e., 8 questions x 7 primary component categories of difference), 33, or 59%, showed a difference by age. Although all three age groups were equally frequent users of the C2 (maintaining or restoring interpersonal relationships) and the C5 (taking care of the self/selfishly taking care only of one's own needs) categories, younger adults were especially frequent users of the C1 (general kindness to others) and the J3 (adhering to standards, rules, or principles for the self or society or to consideration of fairness) categories, middle-aged adults were especially frequent users of the C3 (prevention of the occurrence of physical and psychological harm to others) and the J3 (adhering to standards, rules, or principles for the self or society or to consideration of fairness) categories, and older adults were especially

frequent users of the J2 (upholding duties, obligations, and commitments) and the Se (promotion of one's personal growth and self-development) categories.

In attempting to provide a tentative explanation for these obtained age trends, it is instructive to briefly examine Loevinger's stage model of ego development throughout the lifespan (Loevinger, 1976). Loevinger's model consists of four stages of childhood (Presocial Stage, Symbiotic Stage, Impulsive Stage, Self-Protective Stage) and six stages of adulthood (Conformist Stage, Conscientious-Conformist Stage, Conscientious Stage, Individualistic Stage, Autonomous Stage, Integrated Stage). These stages of ego development would map onto the component categories of morality used by adults in the present study as follows. The Self-Protection stage would include the C5 category, as this stage describes persons defensively taking care of themselves regardless of how these actions impact others. The Conformist stage would encompass the component categories of C1, J2, and J3, as persons in this stage value niceness, helpfulness, and cooperation with others (C1), and conforming to socially-approved norms (J2 and J3). The Conscientious stage would include the component of C3 (taking the role of one's brother's keeper, i.e., feeling responsible for the welfare of others). The Autonomous stage would encompass the component of C2, as persons in this stage "will often cherish personal ties as among [one's] most precious values" (Loevinger, 1976, p. 23) and Se, as "self-fulfillment becomes a frequent goal" (Loevinger, 1976, p.

23). None of these component categories fall into Loevinger's Integrated Stage, although it should be noted that the O6 category, with its emphasis on transcendence of one's actions beyond the present would embody this stage. Within this framework, younger adults exhibited one Self-Protection stage characteristic (C5), two Conformist stage characteristics (C1 and J3), and one Autonomous stage characteristic (C2). Middle-aged adults exhibited one Self-Protection stage characteristic (C5), one Conformist stage characteristic (J3), one Conscientious stage characteristic (C3), and one Autonomous stage characteristic (C2). Older adults exhibited one Self-Protection stage characteristic (C5), one Conformist stage characteristic (J2), and two Autonomous stage characteristics (C2 and Se). These results suggest that with advancing age, adults make greater use of the higher level categories, both in the development of ego, and in the development of normative moral reasoning. However, since the present study uses cross-sectional methods of investigation, care should be taken to regard this developmental explanation tentatively until the definitive longitudinal studies can be conducted.

Finally, regarding age trends, it should be noted that the present study found that justice concerns appeared to increase with increasing age, while care concerns seemed relatively equally distributed among the three age groups. This finding disagrees with those of Hunter and Pratt (1988), Murphy and Gilligan (1980), Rybash et al., (1983), and Hill and Hill (1977).

At present, it cannot be said with certainty whether subject and response category differences account for differences in results, or whether obtained differences represent real differences between empirical and normative moral reasoning.

The fourth goal of this research was to examine how gender moderates normative notions of morality in adults. The same seven component categories that were most frequently utilized by the different age groups were also the most frequently utilized by the different genders. However, unlike age, gender was found to be a relatively weak moderator of adults' conceptions of normative morality. Of the 56 possible cells of difference (i.e., 8 questions x 7 primary component categories of difference), only 8, or 14%, showed a difference by gender. From these results, it must be concluded that males and females are roughly equal users of the care, justice, and non-care/non-justice component categories, a finding which is in agreement with data obtained by Bebeau and Brabeck (1987), Dickey et al. (1987), Kalkoske (1993), Liddell et al. (1993), Makler (1993), and Menutti and Creamer (1991). Again, the more component-specific patterns of obtained moral reasoning cannot be compared at this point for empirical and normative moral reasoning, since the relevant empirical moral reasoning studies have not been conducted to date.

In identifying directions for future research, it is recommended that additional studies be conducted in the area of normative moral reasoning for several reasons. First, it would

be useful to gain a more complete understanding of how various moderating factors, including but not limited to age and gender, may influence the normative moral reasoning of adults. Although this information exists in large part for empirical moral reasoning, no equivalent extensive body of literature exists for normative moral reasoning. While the present study has noted some interesting age and gender trends, additional investigation and/or replication of the identified research issues would be highly desirable. Second, it would be useful to gain insight into how the specific components of care, justice, and other concerns factor into both normative and empirical moral reasoning, both because few studies like this exist for either form of morality at present, and because it would be useful to compare the degree to which patterns are similar within normative and empirical morality. Third, future studies should be concerned with studying the influence of various moderating factors in persons of diverse ethnic and cultural groupings. This has occurred within the arena of empirical moral reasoning, but to date, only a single study of this type exists for the construct of normative moral reasoning. Fourth, given the existence of only one study of children, no studies of adolescents, and two studies of adults in the area of normative moral reasoning, there is a compelling need to explore the process of normative moral reasoning across the lifespan in much greater depth. Clearly, there exist great opportunities for exploration in the field of normative moral reasoning.

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Table 1: Percent Frequencies of Response to the Question, "What Does It Mean To Be A Good Person?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	29	2	16	1	3	6	2	9	19	1	1	4	5	0	2	0	1	1	4
20-29	38	3	19	0	1	8	0	3	13	0	1	7	0	0	1	0	0	1	4
30-49	25	0	17	0	0	7	0	10	25	0	0	2	7	0	2	0	2	0	5
50-80	22	2	11	2	6	3	5	16	20	2	0	2	8	0	2	0	0	0	2
Male	27	2	15	1	3	4	2	11	18	0	1	4	3	0	0	0	1	1	4
Female	30	1	16	0	2	8	1	8	20	1	0	3	6	0	3	0	0	0	3

Table 2: Percent Frequencies of Response to the Question, "Why Is It Important To Be A Good Person?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	19	8	8	0	9	4	0	22	9	0	1	19	6	1	1	0	1	1	1
20-29	18	10	2	0	3	8	0	13	13	0	2	21	6	2	0	0	0	2	2
30-49	6	13	9	0	7	1	0	24	9	0	0	19	7	0	1	0	1	0	0
50-80	14	0	13	0	16	2	0	29	4	0	2	18	4	0	0	0	0	0	0
Male	5	8	12	0	12	7	0	17	12	0	1	17	4	1	0	0	1	1	1
Female	19	9	3	0	5	1	0	26	5	0	1	22	8	0	1	0	0	0	0

Table 3: Percent Frequencies of Response to the Question, "What Does It Mean To Be A Bad Person?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	6	0	28	1	13	5	1	2	23	0	0	4	1	0	4	1	0	0	9
20-29	6	0	34	0	12	11	0	2	17	0	2	2	0	0	5	0	0	0	11
30-49	7	1	26	3	11	3	3	5	28	0	0	0	3	0	7	0	0	0	5
50-80	6	0	23	0	17	3	2	0	23	0	0	11	0	0	0	3	0	0	12
Male	6	1	28	2	17	6	2	4	18	0	0	3	0	0	5	1	0	0	7
Female	7	0	27	0	8	4	1	1	28	0	1	5	2	0	3	1	0	0	11

Table 4: Percent Frequencies of Response to the Question, "Why Is It Important Not To Be A Bad Person?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	4	4	16	0	13	2	1	11	10	0	2	25	4	1	2	0	2	1	3
20-29	6	5	15	0	15	0	0	13	15	0	0	19	6	0	5	0	0	2	0
30-49	1	5	21	0	16	5	0	7	11	0	1	17	2	1	1	0	4	1	6
50-80	5	2	7	0	7	0	2	14	2	0	7	49	2	0	0	0	0	0	2
Male	3	2	15	0	12	3	1	8	10	0	3	30	2	0	1	0	3	0	6
Female	5	7	16	0	15	1	0	14	10	0	1	19	6	1	3	0	0	2	0

Table 5: Percent Frequencies of Response to the Question, "What Are Some Good, Moral Actions That A Person Could Or Should Take?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	13	7	15	2	1	4	1	25	16	0	1	6	2	0	3	0	1	0	2
20-29	20	7	14	1	0	3	1	20	9	0	4	8	4	0	4	0	0	0	5
30-49	10	9	17	2	2	6	1	27	15	1	0	3	1	0	3	1	1	1	2
50-80	11	5	13	3	2	2	0	30	25	0	0	8	0	0	0	0	2	0	0
Male	10	5	20	2	2	3	2	26	20	1	2	2	2	0	2	1	1	0	2
Female	17	10	11	2	1	5	0	25	12	0	1	9	2	0	4	0	1	1	2

Table 6: Percent Frequencies of Response to the Question, "Why Is It Important To Take Good Moral Actions?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	5	7	6	2	6	4	2	17	8	1	2	20	5	1	1	1	2	5	5
20-29	8	8	7	0	4	4	1	7	14	0	1	18	6	1	1	0	0	7	11
30-49	6	8	9	3	8	5	2	23	6	3	0	9	6	2	0	0	2	6	3
50-80	0	6	2	2	6	4	4	23	4	0	4	36	4	0	0	2	4	2	0
Male	8	3	5	3	6	4	3	20	7	2	1	15	2	1	0	1	3	9	4
Female	2	12	7	0	5	4	1	14	9	0	2	25	8	1	1	0	0	1	6

Table 7: Percent Frequencies of Response to the Question, "What Are Some Bad, Immoral Actions That A Person Could Or Should Avoid Taking?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	2	0	29	2	4	0	1	11	38	0	1	2	2	0	4	0	0	0	3
20-29	0	0	27	1	5	0	0	6	47	0	1	2	0	0	7	0	0	0	4
30-49	4	0	29	4	4	0	1	7	39	1	0	1	4	0	2	0	1	1	3
50-80	2	0	33	0	3	0	2	26	24	0	2	2	0	0	3	0	0	0	3
Male	2	0	26	3	7	0	1	11	36	0	1	1	3	0	3	0	1	1	4
Female	3	0	32	1	2	0	1	11	40	1	1	2	0	0	4	0	0	0	2

Table 8: Percent Frequencies of Response to the Question, "Why Is It Important To Avoid Taking Bad Moral Actions?"

	Response Categories																		
	C1	C2	C3	C4	C5	C6	J1	J2	J3	J4	J5	Se	Sp	O3	O4	4A	4B	O5	O6
All	5	4	11	1	11	1	5	16	16	1	1	15	6	3	2	1	1	1	2
20-29	5	1	4	1	11	1	3	15	30	0	0	15	7	1	1	0	0	1	1
30-49	7	8	20	0	11	0	6	8	8	1	0	14	6	6	1	1	1	0	0
50-80	3	0	8	0	10	0	8	33	5	0	3	15	5	0	3	0	0	0	8
Male	7	5	16	0	16	0	5	15	8	1	1	9	3	4	2	1	1	1	2
Female	4	2	5	1	5	1	4	17	25	0	0	21	9	1	1	0	0	0	2

Appendix 1
Analytic Coding Scheme

Care Issues (Lyon's 1983 coding scheme)

C1 general effects to others
C2 maintenance or restoration of relationships
C3 preventing physical or psychological harm to another
C4 considers the situation over the principle
C5 considers care of self
C6 considers care of self vs. care of others

Justice Issues (Lyon's 1983 coding scheme)

J1 general effects to the self
J2 obligations, duty, or commitment
J3 standards, rules or principles for self or society or considerations of fairness
J4 considers the principle over the situation
J5 considers that others have their own contexts

Other Issues (generated from qualitative analysis of the data)

Se personal growth/development of the self
Sp spiritual and/or religious issues
O3 personal growth experienced through development of another
O4 congruence/incongruence of motives and actions, general type
O4A interpersonal incongruence/incongruence of motives and actions
O4B intrapersonal incongruence/incongruence of motives and actions
O5 development of another person (without resulting self-development)
O6 reasonable foreknowledge of the outcomes of one's actions and/or the carrying forward of one's actions in time

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Abstract

Components of adults' normative moral reasoning and rationales for moral choices were examined. Younger, middle-aged, and older adults stated definitions and reasons for being a good/bad person and taking/avoiding good/bad actions. Persons were judged primarily by care and secondarily by justice concerns, and actions were judged primarily by justice and secondarily by care concerns; rationales for persons and actions contained care, justice, and self-growth concerns. Age strongly moderated responses, with younger adults identifying kindness to others and upholding societal standards, middle-aged adults identifying preventing harm to others and upholding societal standards, and older adults identifying duty to others and promotion of self-growth as important normative moral principles. Gender was a weak moderator of adults' normative moral reasoning.